FAX

RECEIVED CENTRAL FAX CENTER NOV 1 1 2004

ATTN. Satish Rampuria

Fax Number 1 703 872 9306

Phone Number 571 272 3732

FROM Volel Emile

Fax Number (512) 306-0240

Phone Number (512) 306-7969

SUBJECT Response to Office Action (09/965,001)

Number of Pages 17

Date 11/11/2004

MESSAGE

This fax transmission contains:

- 1. one copy of Fax Transmission Form;
- 2. two copies of a Fee Transmittal Letter; and
- 3. one copy of the Response.

Volel

DOCKET NUMBER: AUS920010903US1

IN THE UNITED STATES PATEST AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

NOV 1 1 2004

In re: Application of: Abdelhadi et al.

Serial No: 09/965,001

Filed: 09/27/2001

Title: APPARATUS AND METHOD OF PROVIDING A PLUGGABLE USER

INTERFACE

: Group Art Unit: 2124

Satish Rampuria

: Before the Examiner:

Confirmation No.: 2725

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

X No additional fee is required
The fee has been calculated as shown below:

	Claims Remaining After Amendment		Righest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	7	MINUS	20	=	0	x 18 =	\$ 0.00
Indep.	4	MINUS	3	=	1.	x 88 =	\$ 88.00
	1st Presen	tation o	of Multiple Dep	. Çla	im	× 300 =	\$ 0.00
						ποπλτ.	S 88.00

- X Please charge my Deposit Account No. 09-0447 in the amount of \$ 88.00.
 A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.
 - Any additional fees required under 37 CFR \$1.26 for the presentation of extra claims.
 - X Any patent application processing fees under 37 SFB \$1.17

Respectfully submitted

Volel Emile

Registration No. 39,969

(5,12) 306-7969

I below the Empressory Participan Act of 1995, no person	U.S. Pater	PTO/88/21 (02-04) Approved for use through 07/31/2008. OMB 0531-0031 at and Trademark Office; U.S. DEPARTMENT OF COMMERCE and information unless it displays a valid OMB control comber.
URBIT HELPHICIANIA ADMICISCI PAR SE 1997, INCHARAC	Application Number	09/965,001
TRANSMITTAL	Filing Date	09/27/2001
FORM	First Named Inventor	Abrielhadi et al.
(to be used for all correspondence after initial triing)	Art Unit	2124
	Examiner Name	Selish Rampurla
Total Number of Pages in This Submission	Attorney Docket Number	AUS920010903US1
FNC	LOSURES (Check all the	t months
	POOCULE (CHOCK EN DID	After Allowance communication
Fee Transmittal Form Fee Attached Amendment/Repty After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplets Application Response to Missing Parts under 37 CFR 1.62 or 1.63	Drawing(s) Licensing-related Pepers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addr Terminal Disclatmer Request for Refund GD, Number of GD(s)	to Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):
SIGNATURE	OF APPLICANT, ATTORN	EY, OR AGENT
Firm voiel Emite or Individual name Signature 11/11/2004	Lile	
11/11/2004		
	CATE OF TRANSMISSION	· · · · · · · · · · · · · · · · · · ·
sufficient postage as first class mall in an envelope a the date shown below.	simile transmitted cortile USPTO o ddressed to: Commissioner for Pa	r deposited with the United States Postal Service with traits, P.O. Box 1450, Alexandria, VA 22313-1450 on
Typed or printed name Votel Emile	11/21	
Signature / #		Date 11/11/2004

This collection of information is required by 97 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1/14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DOCKET NUMBER: AUS920010903US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of: Abdelhadi et al.

Serial No: 09/965,001

Filed: 09/27/2001

Title: APPARATUS AND METHOD OF

INTERFACE

PROVIDING A PLUGGABLE USER

: Group Art Unit: 2124 : Confirmation No.: 2725

: Before the Examiner:

Satish Rampuria

Commissioner for Patents

P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

No additional fee is required The fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For		resent Extra	Rate	Addit. Fee
Total	7	MINUS	20	-	0	x 18 =	\$ 0.00
Indep.	. 4	MINUS	3	= ,	1	x 88 =	\$ 88.00
	1st Presen	tation o	of Multiple Dep	. Clair	n	x 300 =	\$ 0.00
						ΤΟΤΑΤ.	S 88.00

- Please charge my Deposit Account No. 09-0447 in the amount of \$ 88.00. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.
 - _ Any additional fees required under 37 CFR \$1.16 for the presentation of extra claims.
 - X Any patent application processing fees under 37

Respectfu

Volel Emile

Registration No. 39,969

(5/12) 306-7969

This Page is Inserted by IFW Indexing and Scanning Operations and is not part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

BLACK BORDERS

IMAGE CUT OFF AT TOP, BOTTOM OR SIDES

FADED TEXT OR DRAWING

BLURRED OR ILLEGIBLE TEXT OR DRAWING

SKEWED/SLANTED IMAGES

COLOR OR BLACK AND WHITE PHOTOGRAPHS

GRAY SCALE DOCUMENTS

LINES OR MARKS ON ORIGINAL DOCUMENT

REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY

IMAGES ARE BEST AVAILABLE COPY.

OTHER:

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.